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1. PLACE OF BIRTH	ARIZONA STATE BO BUREAU OF VITA STANDARD CERTIF	AL STATISTICS	H State File No. 159 Registered No. 114
County Gula	STANDARD CERTIF	iale aris	ora
District or Township		or Village	Ward
City Pauli	No. Off birth occur	red in a hospital or institution	in, give its NAME instead of street and number) [If child is not yet named, make supplemental report, as directed.]
2. Full name of child. V	4. Twin, triplet or other 5. No., in order of hirth	G. Legitimate?	7. Date of birth Moyh Day Year
8. Full name) 5, 160., 111 older or material	14. Full maiden name	enovera Granado
9. Residence (Usual place of abode)	lobe	15. Residence (Usual place of abode) If non-resident, give	——————————————————————————————————————
10. Color or race	24-	16. Color or race	20
12. Birthplace (city or place).	st birthday ? (Years)	18. Birthplace (city or p	
(State or country)	Quora	(State or country)	• 0
13. Occupation Nature of industry	Joseman	Nature of industry	Housenje
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		ut now dead	21. Were precautions taken against oph- thalmia neonatorum?
I hereby certify that I attended the birth	COMPRESSION OF ATTENDING	G PHYSICIAN OR MIDY	at 9: 30 m. on the date above stated.
* When there was no attending physic	ian Signature	Born alive or stillborn.)	<u> </u>
child is one that neither breathes shows other evidence of life after bi	not (ell bush	(Physician or midwife).
Given name added from a supplemental report Month, da	Address	110 100 W	506 le repliments 4
Regis		//	Registrar